



REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 70496/6328

Box No. I TITLE OF INVENTION

MEDICAL IMPLANT DEVICE FOR ELECTROSTIMULATION USING DISCRETE MICRO-ELECTRODES

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

TRANSNEURONIX, INC.
100 Stierli Court, Suite 106
Mt. Arlington, New Jersey 07856
United States of America

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
United States of America

State (that is, country) of residence:
United States of America

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

JENKINS, David
17 Bennington Drive
Flanders, New York 07836
United States of America

This person is:

☐ applicant only

☐ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

RANNEY, Kathleen A.
FITCH, EVEN, TABIN & FLANNERY
120 South LaSalle Street
Chicago, Illinois 60603
United States of America

Telephone No.
(312) 577-7000

Facsimile No.
(312) 577-7007

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GORDON, Pat
494 Highcroft Road
Wayzata, Minnesota 55391
United States of America

This person is:

- ☐ applicant only
☐ applicant and inventor
☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (*mark the applicable check-boxes; at least one must be marked*):

Regional Patent

- ☐ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

- | | |
|--|--|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> LC Saint Lucia |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> LK Sri Lanka |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LR Liberia |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> LU Luxembourg |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MA Morocco |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> MZ Mozambique |
| <input type="checkbox"/> CN China | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input type="checkbox"/> US United States of America |
| <input type="checkbox"/> IN India | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time*)

Supplemental Box

If the Supplemental Box is not used, this sheet need not be included in the request.

1. If, in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
 - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
 - (iv) if, in addition to the agent(s) indicated in Box IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
 - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
 - (vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
 - (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.
3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement concerning non-prejudicial disclosures or exceptions to lack of novelty" and furnish that statement below.

IV AGENT (Continued)

SAMPLES, Kenneth H.
 FITCH, Morgan L.
 EVEN, Francis A.
 TABIN, Julius
 FLANNERY, John F.
 JONES, Robert B.
 SCHUMANN, James J.
 HAMILL, James J.
 LEVSTIK, Timothy E.
 SHIPLEY, Joseph E.
 FOX, Robert J.

PETTI, Philip T.
 MANSFIELD, Bruce R.
 KRUEGER, James P.
 NABOR, Joseph T.
 KABA, Richard A.
 FINK, Karl A.
 RANNEY, Kathleen A.
 HETZLER, Mark W.
 MALONEY, Timothy P.
 LEBENS, Thomas F.

ALL OF THE ABOVE ARE ATTORNEYS OF THE FIRM FITCH, EVEN, TABIN & FLANNERY. ADDRESS AND TELEPHONE NUMBER ARE INDICATED IN BOX IV.

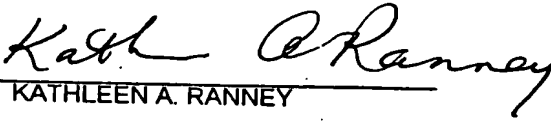
| Box No. VI PRIORITY CLAIM | | <input type="checkbox"/> Further priority claims are indicated in the Supplemental Box. | | |
|---|----------------------------------|---|---|--|
| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
| | | national application: country | regional application:* regional Office | international application: receiving Office |
| item (1) 9 FEBRUARY 2000 (09-02-00) | 60/181,320 | US | | |
| item (2) 15 NOVEMBER 2000 (15-11-00) | 60/249,096 | US | | |
| item (3) 17 NOVEMBER 2000 (17-11-00) | 60/249,654 | US | | |

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): 1, 2, and 3

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

| Box No. VII INTERNATIONAL SEARCHING AUTHORITY | |
|--|---|
| Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): | Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office) |
| ISA/EP | |

| Box No. VIII CHECK LIST: LANGUAGE OF FILING | |
|---|--|
| This international application contains the following number of sheets: | This international application is accompanied by the item(s) marked below: |
| request : 5 | 1. <input checked="" type="checkbox"/> fee calculation sheet |
| description (excluding sequence listing part) : 28 | 2. <input type="checkbox"/> separate signed power of attorney |
| claims : 10 | 3. <input type="checkbox"/> copy of general power of attorney, reference number, if any: |
| abstract : 1 | 4. <input type="checkbox"/> statement explaining lack of signature |
| drawings : 5 | 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): |
| sequence listing part of description : 0 | 6. <input type="checkbox"/> translation of international application into (language): |
| Total number of sheets : 49 | 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material |
| | 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form |
| | 9. <input checked="" type="checkbox"/> other (specify): Transmittal Letter, Postcard, Express Mail EL 667459948 US |
| Figure of the drawings which should accompany the abstract: | Language of filing of the international application: ENGLISH |

| Box No. IX SIGNATURE OF APPLICANT OR AGENT | |
|--|--|
| Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). | |
|  KATHLEEN A. RANNEY | |

| | | |
|---|--|--|
| For receiving Office use only | | 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: |
| 1. Date of actual receipt of the purported international application: | | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | |
| 5. International Searching Authority (if two or more are competent): ISA/ | 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid. | |

| | |
|---|--|
| For International Bureau use only | |
| Date of receipt of the record copy by the International Bureau: | |

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International application No.

Applicant's or agent's
file reference

70496/6328

Date stamp of the receiving Office

Applicant
TRANSNEURONIX, INC.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 240.00 **T**
2. SEARCH FEE 846.00 **S**
- International search to be carried out by ISA/EP
- (If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 49 sheets.

first 30 sheets

382.00 **b1**

19 x \$9.00 =

171.00 **b2**

remaining sheets additional amount

Add amounts entered at b1 and b2 and enter total at B

553.00 **B**

Designation Fees

The international application contains 4 designations.

4 x 82.00 =

328.00 **D**

number of designation fees amount of designation fee payable (maximum 8)

Add amounts entered at B and D and enter total at I

881.00 **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 45.00 **P**

5. TOTAL FEES PAYABLE 2,012.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

- ☐ authorization to charge deposit account (see below) ☐ bank draft ☐ coupons
- ☒ cheque ☐ cash ☐ other (specify):
- ☐ postal money order ☐ revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US ☐ is hereby authorized to charge the total fees indicated above to my deposit account.

☒ (this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

06-1135

1 FEBRUARY 2001

Deposit Account No.

Date (day/month/year)

Signature

Kate A. Rana